Towards Reducing Health Inequities: A Health System Approach to Chronic Disease Prevention

Reorienting Health Services Session
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• Refugee Population Working Group
• Corrections Working Group
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• Consultants
• Students
Presentation Outline

- Project background and overview
- Learnings about inequities
- Barriers Identified by Project Working Groups
- Five Recommendations and Potential Actions
- Next Steps
Project Background

- Build on previous population level inequities data work
- Requests from Health Authorities and BCCDC
- Core Public Health Functions Equity Lens
- BC Health Quality Matrix includes equity as a quality dimension (BC Patient Safety & Quality Council)
- Increasing awareness and leadership to address inequities at health authority and public health level
- What is the role of the health system?
Health Inequities - Definition

• Differences in health status among population groups that are deemed to be unfair, unjust, or preventable, as well as socially produced and systematic in their distribution across the population (Commission on Social Determinants of Health, 2007)

• Inequities generally exist along two major gradients: socioeconomic status and geographic status (e.g., urban vs. rural location)

• Inequities also appear as differences across: ethnicity, gender, age, and disabilities
Introduction: making the case

Health inequities:
- contribute to poor health within BC
- associated with significant and wide-reaching health, social and economic costs
- cost BC an estimated $2.6 billion annually (Health Officers Council of BC, 2008)

Differences in prevalence of chronic disease (and life expectancy) among various groups including:
- children and families living in poverty
- people with mental health and substance use issues
- Aboriginal people
- immigrants and refugees
(Data source: BC Health Data Warehouse and BC STATS)
Inequities and Chronic Disease

Figure 13. Self-perceived mental health as excellent or very good among BC men and women (2005)

Source: Health Inequities in BC Discussion Paper, 2008
Released by Health Officers Council of BC

Figure 11. Prevalence of diabetes among BC men and women in relation to gross household income (2005)
Reducing Health Inequities:  
A Health System Approach to Chronic Disease Prevention Project

Project Goal:
• To collaboratively identify the actions the health system can take towards reducing health inequities.

Project Activities:
• Overall Approach: engaging health authority, government and community
• Development of an inter-sectoral Project Advisory Group
• PHABC Workshop aimed at public health practitioners, researchers & policy makers
• Literature Reviews and an environmental scan of activities in BC aimed to reduce inequities
• Three Specific Population Working groups
• Strategy & Partnership Building Forum
• Final Discussion Paper
Project Advisory Group

PHSA Population and Public Health
BC Centre for Disease Control
BC Women’s Hospital & Health Centre
BC Centre for Excellence for Women’s Health
BC Mental Health and Addiction Services
PHSA Aboriginal Health
BC Cancer Agency
BC Renal Agency
Fraser Health
Vancouver Coastal Health
Interior Health
Vancouver Island Health Authority
Northern Health
Ministry of Health
Ministry of Regional Economic and Skills Development
Ministry of Public Safety and Solicitor General
Women’s Healthy Living Secretariat, Ministry of Health
Target specific populations or address common barriers/solutions?

Focus:
Three underserved populations were identified:
• immigrants
• refugees
• individuals transitioning into and out of the corrections system

http://www.regleringen.no/pages/1975150/PDFS/STM200620070320000EN_PDFS.pdf
Working Group Membership

Ministry of Regional Economic and Skills Development
Ministry of Public Safety and Solicitor General
Ministry of Health
Correction Service Canada
Provincial Language Services (PHSA)
BC Centre Disease Control
BC Mental Health & Addictions: Forensic Psychiatry & Research
Vancouver Coastal Health: Cross Cultural Mental Health Program; Community Engagement; Population Health; Complex Mental Health & Addictions, Bridge Clinic
Fraser Health: New Canadian Clinics; Health Promotion and Prevention
VIHA: Aboriginal Health
Affiliation of Multicultural Societies and Services (AMSSA)
University of British Columbia
Centre for Health Aging, Providence Health
BC Multicultural Health Services Society/REACH
BC Persons with AIDS Society
John Howard Society of the Lower Mainland
AIDS Society of Kamloops
DiverseCity
Langley Community Services
Premise and Messages

• Health Inequities are based on complex social, cultural and economic processes
• ↑ chronic disease due to social and economic circumstances
• Impacts can be reduced through chronic disease prevention and management strategies
• Community system level approaches targeting social, economic and environmental root causes of poor health can be more effective at preventing chronic disease
• Health system can reduce inequities through design, organization and management of its programs and services
Literature says the Health System can Respond

• Health Systems have upstream influences & powerful impact on broader socio-political environments by how it understands and responds to the needs of populations, (WHO Commission on SDH)

• The Health System has an important role to play in achieving more equitable health outcomes for populations through the design, organization, and management of its programs and services (Health Council of Canada, 2010b)

• Equity in health care refers to the distribution of health resources; that they are allocated proportionately to need as well as the provision of services that meet the values of cultural beliefs of distinct system users (Hopkins 2009; Waters, 2000)
Equity in Health Care Framework

**Availability**
Whether health promotion, disease prevention and curative services are provided within the health system

**Accessibility**
Extent to which the health system is designed and delivered in such a way that users can navigate the system, identify, and access services.

**Acceptability**
Patient-centered care
Extent to which services are provided in a way that meets the needs of distinct cultural, linguistic, ethnic, and social groups

(Adapted from: Baum, 2009; Bowen, 2001)
Barriers to Health Care (Identified by Project Working Groups)

**Barriers Affecting the Availability of Services:**

- Limited attachment to health care providers due to stigma, cultural and language barriers.
- Unavailability of extended health care services.

**Barrier Affecting the Acceptability of Services:**

- Lack of culturally competent health services; limited understanding of how stigma and social exclusion affects the health care of underserved populations.
Barriers Identified by Working Groups cont’d…

Barriers Affecting the Accessibility of Services:

• Complexity of the health care system leads to navigation/health literacy challenges.

• Geographic barriers and operational barriers.

• Discontinuity and limited partnerships between health services and other services (community/settlement/social).

• Broader SDOH (including transportation, housing and child care) factors affect use and navigation of the health system.
1. Develop health equity targets and plans in consultation with communities and community members: monitor and measure their impact.

Potential Actions:
   a) Use equity assessment tools in policies, programs, services
   b) Develop health equity protocols or audits
   c) Develop health equity indicators to monitor impact
Recommendations and Potential Action cont’d…

2. Improve health literacy.

Potential Actions:

a) Health literacy strategy for BC
b) Multi-pronged educational strategies for health care professionals
c) Increase capacity of language and interpreting services
3. Increase equitable access to prevention and curative services for underserved populations.

Potential Actions:

a) Offer services in locations where underserved populations congregate

b) Develop collaborative health networks to improve care for those with complex chronic health conditions

c) Expand specialty clinics to meet complex health needs
4. Develop intersectoral collaborative and knowledge exchange mechanisms to inform existing programs and the development of new health promotion, primary prevention, and self-management support programs that are culturally competent.

Potential Actions:

a) Coordinating mechanisms to bring together stakeholders
b) Linkages with community serving organizations
c) Mechanisms for sharing of patient care information
5. Increase the capacity of the health system to better serve the needs of BC’s culturally and linguistically diverse population.

Potential Actions:

a) Infrastructure and tools to increase cultural competency
b) Employment equity policies to reflect diversity of population
c) Cultural health brokers to support navigating the health care system.
Final Message: Everyone has a role

Senior Health Executives
• make a strategic commitment for action
• provide organizations/staff with support to incorporate the types of strategies identified into health policy, planning and service delivery

Health Program or Service Managers
• contribute to the development & measurement of health equity targets,
• influence and lead health literacy efforts, and encourage cultural competency among their staff

Front Line Health Care Providers
• increase competencies to provide culturally competent services
• support patients/families in their efforts to better understand health info & services
Next Steps

Disseminate Discussion Paper

- Presentations
- Paper posted on website mid July and picked up internationally, nationally, provincially and locally
Creating Action through collaborations:

- Project Advisory Committee survey of dissemination
- PHSA and Regional Health Authorities
- BC Health Officers Council
- BC Population Health Network
- Provincial Language Services
- BC Patient Safety and Quality Council.
In Conclusion...

• The health system can contribute to reducing health inequities.

• Many initiatives are happening in BC and we need to build on and replicate those efforts.

• Partnering with communities and underserved populations is key.

• Measuring and monitoring health equity is critical and challenging.

• It is through our collective effort that we can improve the health of our populations by reducing health inequities.
For more information:


www.phabc.org – BC Health Inequities Report

Contact:
Lydia Drasic
ldrasic@phsa.ca